

Exhibit D

Federal-Mogul Corporation Forms 5500



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Form 5500
 Department of the Treasury
 Internal Revenue Service
 Department of Labor
 Pension and Welfare Benefits
 Administration

Annual Return/Report of Employee Benefit Plan
 This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).
 Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only
 OMB Nos. 1210 - 0110
 1210 - 0089

2005

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For the calendar plan year 2005 or fiscal plan year beginning January 01, 2005, and ending December 31, 2005

- A** This return/report is for:
- (1) ☐ a multiemployer plan;
- (2) ☒ a single-employer plan (other than a multiple-employer plan);
- (3) ☐ a multiple-employer plan;
- (4) ☐ a DFE (specify)
- B** This return/report is:
- (1) ☐ the first return/report filed for the plan;
- (2) ☐ the amended return/report;
- (3) ☐ the final return/report filed for the plan;
- (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If you filed for an extension of time to file, check the box and attach a copy of the extension application ☒

Part II Basic Plan Information -- enter all requested information.

- 1a** Name of plan
- FEDERAL-MOGUL CORPORATION PENSION PLAN
- 1b** Three-digit plan number (PN) 010
- 1c** Effective date of plan (mo., day, yr.)
 September 10, 1960
- 2a** Plan sponsor's name and address (employer, if for a single-employer plan)
 (Address should include room or suite no.)
- FEDERAL-MOGUL CORPORATION
 26555 NORTHWESTERN HWY
 SOUTHFIELD, MI 48033-2146
- 2b** Employer Identification Number (EIN)
 38-0533580
- 2c** Sponsor's telephone number
 248-354-7700
- 2d** Business code (see instructions)
 336300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

10/05/2006PASCAL GOACHET

Signature of plan administrator Date Typed or printed name of individual signing as plan administrator

10/10/2006DAVID A. BOZYNSKI

Signature of employer/plan sponsor/DFE Date Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

3b Administrator's EIN

SAME

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

b EIN

a Sponsor's name

c PN

the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

Signature of actuary

Date

SUSAN L. GUZIOR

G 0505865

Print or type name of actuary

Most recent enrollment number

TOWERS PERRIN

248-208-1100

Firm Name

Telephone number (including area code)

1000 TOWN CENTER, SUITE 950

SOUTHFIELD, MI 48075-1225

Address of the Firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)

d(1)

(2) "RPA '94" information:

(a) Current liability

d(2)(a)

\$916,272,475

(b) Expected increase in current liability due to benefits accruing during the plan year

d(2)(b)

\$22,148,730

(c) Current liability computed at highest allowable interest rate (see instructions)

d(2)(c)

\$916,272,475

(d) Expected release from "RPA '94" current liability for the plan year

d(2)(d)

\$80,737,533

(3) "OBRA '87" information:

(a) Current liability

d(3)(a)

(b) Expected increase in current liability due to benefits accruing during the plan year

d(3)(b)

(c) Expected release from "OBRA '87" current liability for the plan year

d(3)(c)

(4) Expected plan disbursements for the plan year

d(4)

\$80,737,533

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)

2a

\$714,193,695

b "RPA '94" current liability:

(1) No. of Persons (2) Vested Benefits (3) Total benefits

(1) For retired participants and beneficiaries receiving payments

8,565 \$408,459,827 \$408,459,827

(2) For terminated vested participants

11,483 \$158,718,456 \$158,718,456

(3) For active participants

14,106 \$291,910,654 \$349,094,192

(4) Total

34,154 \$859,088,937 \$916,272,475

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage

2c

%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
04/28/2005	\$13,083,984				
07/15/2005	\$13,083,984				
10/14/2005	\$7,753,475				
01/13/2006	\$12,355,965				
09/15/2006	\$17,735,724				
04/14/2006	\$36,179				

3 Totals (b) \$64,049,311 **(c)**

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) **4a**

86.2%

b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
Liquidity shortfall as of end of Quarter of this plan year			

5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

a <input type="checkbox"/> Attained age normal	b <input checked="" type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)
d <input type="checkbox"/> Aggregate	e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium
g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Other (specify)	

i Has a change been made in funding method for this plan year?

☐ Yes ☒ No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 95-51 as modified by Revenue Procedure 98-10?

☐ Yes ☐ No

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method

6 Checklist of certain actuarial assumptions:

freeERISA.com Free Access to Pension
and Benefit Data

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Form **5500**
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with
the instructions to the Form 5500.

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089

2006

This Form is Open to
Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006, and ending December 31, 2006

A This return/report is
for:

(1) ☐ a multiemployer plan;

(2) ☒ a single-employer plan (other than a multiple-employer
plan);

(3) ☐ a multiple-employer plan;

(4) ☐ a DFE (specify)

B This return/report is:

(1) ☐ the first return/report filed for the plan;

(2) ☐ the amended return/report;

(3) ☐ the final return/report filed for the plan;

(4) ☐ a short plan year return/report (less than 12
months).

C If the plan is a collectively-bargained plan, check here ☐

D If you filed for an extension of time to file, check the box and attach a copy of the extension application ☒

Part II Basic Plan Information -- enter all requested information.

1a Name of plan

FEDERAL-MOGUL CORPORATION PENSION PLAN

1b Three-digit
plan number (PN) 010

1c Effective date of plan (mo., day, yr.)
September 10, 1960

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)

FEDERAL-MOGUL CORPORATION
26555 NORTHWESTERN HWY
SOUTHFIELD, MI 48033-2146

2b Employer Identification Number (EIN)
38-0533580

2c Sponsor's telephone number
248-354-7700

2d Business code (see instructions)
336300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying
schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

10/10/2007

PASCAL GOACHET

Signature of plan administrator

Date

Typed or printed name of individual signing as plan administrator

10/11/2007

G. MICHAEL LYNCH

Signature of employer/plan sponsor/DFE

Date

Typed or printed name of individual signing as employer, plan sponsor
or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v2.3

Form **5500** (2006)

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN
and the plan number from the last return/report below:

b EIN

a Sponsor's name

c PN

m ☐ Other (specify)

8 Experience related contracts

a Premiums:

- (1) Amount received
- (2) Increase (decrease) in amount due but unpaid
- (3) Increase (decrease) in unearned premium reserve
- (4) Earned ((1)+(2)-(3))

b Benefit charges:

- (1) Claims paid
- (2) Increase (decrease) in claim reserves
- (3) Incurred claims (add (1) and (2))
- (4) Claims charged

c Remainder of premium:

- (1) Retention charges (on an accrual basis) –
 - (A) Commissions
 - (B) Administrative service or other fees
 - (C) Other specific acquisition costs
 - (D) Other expenses
 - (E) Taxes
 - (F) Charges for risks or other contingencies
 - (G) Other retention charges
 - (H) Total Retention
- (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

- (2) Claim reserves
- (3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs below:

**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare
Benefits Administration

Pension Benefit
Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

Attach to Form 5500 or 5500-EZ if applicable.
See separate instructions.

Official Use Only
OMB No. 1210 - 0110

2006

**This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ)**

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006, and ending December 31, 2006

If an item does not apply, enter "N/A." Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

FEDERAL-MOGUL CORPORATION PENSION PLAN

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

FEDERAL-MOGUL CORPORATION

E Type of Plan: (1) ☐ Multiemployer (2) ☒ Single-employer (3) ☐ Multiple-employer

**B Three digit
plan
number**

010

**D Employer Identification
Number**

38-0533580

**F ☐ 100 or fewer participants
in prior plan year**

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: January 01, 2006

b Assets

- (1) Current value of assets
- (2) Actuarial value of assets for funding standard account

b(1) \$756,798,513

b(2) \$755,193,359

c (1) Accrued liability for plans using immediate gain methods

c(1) \$842,377,492

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases

c(2)(a)

(b) Accrued liability under entry age normal method

c(2)(b)

(c) Normal cost under entry age normal method

c(2)(c)

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements and attachments, if any, is complete and accurate, and in my opinion each assumption used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan,

the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

Signature of actuary

ANDREW J. BRADFORD

Date

G 0506513

Print or type name of actuary

TOWERS PERRIN

Most recent enrollment number

248-208-1100

Firm Name

1000 TOWN CENTER, SUITE 950
SOUTHFIELD, MI 48075-1225

Telephone number (including area code)

Address of the Firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)

d(1)

(2) "RPA '94" information:

(a) Current liability

d(2)(a)

\$965,244,967

(b) Expected increase in current liability due to benefits accruing during the plan year

d(2)(b)

\$22,775,326

(c) Current liability computed at highest allowable interest rate (see instructions)

d(2)(c)

\$965,244,967

(d) Expected release from "RPA '94" current liability for the plan year

d(2)(d)

\$67,582,248

(3) "OBRA '87" information:

(a) Current liability

d(3)(a)

(b) Expected increase in current liability due to benefits accruing during the plan year

d(3)(b)

(c) Expected release from "OBRA '87" current liability for the plan year

d(3)(c)

(4) Expected plan disbursements for the plan year

d(4)

\$67,582,248

2 Operational information as of beginning of this plan year:**a** Current value of the assets (see instructions)**2a**

\$756,798,513

b "RPA '94" current liability:

(1) No. of Persons (2) Vested Benefits (3) Total benefits

(1) For retired participants and beneficiaries receiving payments

8,800

\$422,854,084

\$422,854,084

(2) For terminated vested participants

11,404

\$174,663,428

\$174,663,428

(3) For active participants

13,379

\$307,396,398

\$367,727,455

(4) Total

33,583

\$904,913,910

\$965,244,967

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage

2c

%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
04/14/2006	\$17,091,100				
07/14/2006	\$17,127,279				
10/13/2006	\$13,092,494				
01/12/2007	\$15,795,967				
09/14/2007	\$44,481,649				

3 Totals (b) \$107,588,489 **(c)****4** Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) **4a**

79.9%

b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

- a** ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit)
d ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium
g ☐ Individual aggregate **h** ☐ Other (specify)

i Has a change been made in funding method for this plan year?

☐ Yes ☒ No
☐ Yes ☐ No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 95-51 as modified by Revenue Procedure 98-10?

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method

6 Checklist of certain actuarial assumptions: